



# Aerial Photo Lab Service Request

Ordered By _____	Date Requested _____	Cust. Notified _____	Time _____	Date _____
Signature _____	Agency _____	<input type="checkbox"/> Will Call <input type="checkbox"/> Mail		
Phone _____	Project Title _____	<input type="checkbox"/> FED-X <input type="checkbox"/> UPS		

Work Order	Group	Work Op.	Object	Org. Code	Request Number
			TE-75		

## Special Instructions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Non-Standard Item: \_\_\_\_\_

Aerial Photography	Contact Printing	Enlargement Printing
<input type="checkbox"/> Obliques Photo Scale <input type="checkbox"/> Verticals 1: _____ <input type="checkbox"/> 6" Lens <input type="checkbox"/> 8 1/4" Lens <input type="checkbox"/> 12" Lens <input type="checkbox"/> Video <input type="checkbox"/> Mapping <input type="checkbox"/> Non-Mapping <input type="checkbox"/> Targets _____	____ ea. <input type="checkbox"/> Color Paper Prints _____ total ____ ea. <input type="checkbox"/> Color Film Diapositives _____ total ____ ea. <input type="checkbox"/> B/W Prints _____ total ____ ea. <input type="checkbox"/> B/W Film Diapositives _____ total <input type="checkbox"/> Historical Prints _____ total Photo ID No. _____ _____ _____ _____ Lab No. 2 _____ Date _____ Film Can # _____ _____ _____	____ ea. <input type="checkbox"/> Color Paper _____ sq.in. ____ ea. <input type="checkbox"/> B/W Paper _____ sq.in. ____ ea. <input type="checkbox"/> B/W/ Film _____ sq.in. <input type="checkbox"/> Historical Prints _____ total Enlargement Factor _____ X Scale 1: _____ Photo ID No. _____ _____ _____ _____ _____ _____ Lab No. 3 _____ Date _____ Film Can # _____ _____ _____
Aerial Negatives	Studio Services	Customer Services
<input type="checkbox"/> True Color _____ ea. <input type="checkbox"/> Color Infrared _____ ea. <input type="checkbox"/> B/W _____ ea. Lab No. 1 _____ Date _____	Print Mounting <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> 3/16" Gator <input type="checkbox"/> FoamCor _____ sq.ft. <input type="checkbox"/> 1/2" Gator <input type="checkbox"/> FoamCor _____ sq.ft. Print Laminating <input type="checkbox"/> Clear _____ sq.ft. <input type="checkbox"/> Matte _____ sq.ft. <input type="checkbox"/> Matte UV _____ sq.ft. Print Trimming <input type="checkbox"/> Gold <input type="checkbox"/> 3/16" _____ L.I. <input type="checkbox"/> Silver <input type="checkbox"/> 1/2" _____ L.I. <input type="checkbox"/> Black Other <input type="checkbox"/> Mosaic <input type="checkbox"/> Splice <input type="checkbox"/> Labor _____ hrs. Lab No. 4 _____ Date _____	<input type="checkbox"/> Notarized Letter for Court Exhibits _____ ea. <input type="checkbox"/> Scale Ratio _____ hrs. <input type="checkbox"/> Preparation _____ hrs. Check No./Credit Card _____ Amount Paid _____ Date _____ Receipt No. _____
Digital Scanning Services		
Digital Scanning - Mapping <input type="checkbox"/> B/W Scans _____ ea. <input type="checkbox"/> Color Scans _____ ea. Digital Scanning - Non Mapping <input type="checkbox"/> B/W Scans _____ ea. <input type="checkbox"/> Color Scans _____ ea. Format Required <input type="checkbox"/> Vitec <input type="checkbox"/> Raw Raster <input type="checkbox"/> TIFF <input type="checkbox"/> Sun Raster <input type="checkbox"/> TIFF (tiled) <input type="checkbox"/> NITF JPEG Media Output <input type="checkbox"/> Tape (8mm) _____ ea. <input type="checkbox"/> Tape (mammoth) _____ ea. <input type="checkbox"/> Compact Disc _____ ea. <input type="checkbox"/> Plotter Hard Copy _____ ea. Lab No. 5 _____ Date _____		

## Bill To:

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## Ship To:

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